

THE DIVISION OF HEALTH OF MISSOURI STANDARD CERTIFICATE OF DEATH

State File No. **33965**

BIRTH NO. _____		REG. DIST. NO. 381		PRIMARY REG. DIST. NO. 6179		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY Sullivan				2. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission) a. STATE Mo b. COUNTY Sullivan			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Pollock		c. LENGTH OF STAY (in this place) 784's		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Pollock		1050	
d. FULL NAME OF HOSPITAL OR INSTITUTION Greenwood Home				d. STREET ADDRESS (If rural, give location) 0			
3. NAME OF DECEASED (Type or Print)		a. (First) John		b. (Middle) Dudley		c. (Last) Davis	
4. DATE OF DEATH		(Month) 9		(Day) 16		(Year) 1952	
5. SEX male		6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married		8. DATE OF BIRTH 2-27-1874	
9. AGE (In years last birthday) 78		IF UNDER 1 YEAR Months 6		IF UNDER 1 YEAR Days 19		IF UNDER 1 YEAR Hours 0	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Pollock - Mo		12. CITIZEN OF WHAT COUNTRY? U.S.	
13a. FATHER'S NAME Eugene Davis		13b. MOTHER'S MAIDEN NAME Harriet Howard		14. NAME OF HUSBAND OR WIFE Tula Essie Davis			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME Tula Davis		ADDRESS Pollock Mo	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) arterio-sclerosis DUE TO (c) Hypertension				INTERVAL BETWEEN ONSET AND DEATH 2 months	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.							
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 33ix				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from Sept 16, 1952 to Sept 16, 1952 , that I last saw the deceased alive on Sept 16, 1952 , and that death occurred at 8 p m., from the causes and on the date stated above.							
23a. SIGNATURE Chas. L. Judd				23b. ADDRESS Doz Unionville Mo		23c. DATE SIGNED 9/17/52	
24a. BURIAL, CREMATION, OR OTHER (Specify)		24b. DATE 9/18/52		24c. NAME OF CEMETERY OR CREMATORY Schopee Cem.		24d. LOCATION (City, town, or county) (State) Pollock - Mo	
DATE REC'D BY LOCAL REG. Sept 25, 1952		REGISTRAR'S SIGNATURE Mrs. H. B. Harris		FURNAL DIRECTOR'S SIGNATURE Schopee		ADDRESS Unionville Mo	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1050
1

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by_____

Student Embalmer No. _____

working under my personal supervision.

Student

Student Embalmer

Signed

Dwight Schaefer

Licensed Embalmer No. 2667

P. O. Address Indian - Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.